

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Commonwealth f Massachusetts			DECEIVED
City or Toy	wn of: Saugus	-	TI CI IVID
	- SHO F		7015 EFR 11 A: 11: 45
Fill in Repo	orting Period dates: Beginnin	ng Date: 1/1/2014 End	ting Date: 12/31/2014
True if D)		TOWN OF SAUGUS, MASS.
☐ 8th day	Report: (Check one) preceding	election 30th day following ele (Town or Special)	ction 20th day of January (Year-End Report)
 I certify th I certify th and do not I certify th 	t have a campaign fund in existence. at I do not have a political committee.	, made any expenditures, or incurred any	y obligations during this reporting period,
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
* a	Signed under the penalties of perjury	(Street and Number)	
2/11/15	Centur Hubork	LE Denven St.	School Committee
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Form CPF M 102: Campaign Finance Report **Municipal Form** Office of Campaign and Political Finance RECEIVED

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of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates 1 A Beginning Date: Sep 29	9, 2014 Ending Date 15 Dec 31 2014 8: 49
Type of Report: (Check one CRK'S OFFICE TOWN OF SAUGUS, MASS. 8th day preceding preliminary 8th day preceding election [TOWN CLERK'S CFFICE TOWN OF SAUGUS, MASS. 30 day after election year-end report dissolution
	Save Saugus Political Action Committee
Candidate Full Name (if applicable)	Committee Name
	Kathleen Magarian
Office Sought and District	Name of Committee Treasurer
Residential Address	3 Lisa Lane, Saugus MA 01906 Committee Mailing Address
	production of the second of th
Telephone Number (optional):	Telephone Number (optional): (781) 858-5048
SUMMARY BALANCI	FINEODMATION:
SOMMANI BALANCI	E IN ORMATION.
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	4,390.99
Line 3: Subtotal (line 1 plus line 2)	4,390.99
Line 4: Total expenditures this period (page 5, line	14) 2,202.28
Line 5: Ending Balance (line 3 minus line 4)	2,188.71
Line 6: Total in-kind contributions this period (pag	ge 6) 253
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: North Shore Bank	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee and no activity independent of the committee	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55. Date: Jan 19, 2015 Only) Dest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period. Date: Jan 19, 2015
finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this	committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Oct 14, 2014 Sep 28, 2014 Dec 14, 2014 Sep 28, 2014 Coct 5, 2014 Coct 5, 2014	(alphabetical listing required) Boyajian, Charles By Holland Street Baugus, MA Brazis, Scott BCave Rock Road Brazis, MA Brazis, Scott BCave Rock Road Brazis, Scott BCave Rock Road Brazis, MA Brazis, Scott BCave Rock Road BRA Central Street #1 Braugus, MA BRA Central Street #1 Braugus, MA	100 . 20	Business Management Specialist, Massachusetts Executive Office of Education
Oct 14, 2014 Sep 28, 2014 Dec 14, 2014 Sep 28, 2014 Coc 5, 2014 Coc 5, 2014	By Holland Street Saugus, MA Brazis, Scott Scave Rock Road Saugus, MA Brazis, Scott Scave Rock Road Saugus, MA Cicolini. Joia Saugus, MA Cicolini. Joia Saugus, MA Cicolini. Joia Saugus, MA	. 20	
Sep 28, 2014 Dec 14, 2014 Sep 28, 2014 Calcalled Signature Sep 28, 2014 Sep 28, 2014 Calcalled Signature Sep 28, 2014 Calcalled Signature Sep 28, 2014 Calcalled Signature Sep 28, 2014	GCave Rock Road Saugus, MA Brazis, Scott GCave Rock Road Saugus, MA Cicolini. Joia Saugus, MA Cicolini. Joia Saugus, MA Cicolini. Joia Saugus, MA	100	
Dec 14, 2014 6 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Cicolini. Joia	25	
Sep 28, 2014 3: S. Oct 5, 2014 3:	B83 Central Street #1 Gaugus, MA Cicolini. Joia B83 Central Street #1		
Oct 5, 2014	883 Central Street #1		
		200	Business Management Specialist, Massachusetts Executive Office of Education
Nov 19, 2014 3	Cicolini. Joia 183 Central Street #1 Gaugus, MA	25	Business Management Specialist, Massachusetts Executive Office of Education
Oct 30, 2014 42	Conlon, Robert 12 Blueridge Ave Gaugus, MA	80	
Oct 21, 2014 PC	Crabtree, Alan O Box 2081 argo, FL	100	
Oct 23, 2014 1:	Crabtree, Donna 1 Aberdeen Ave Gaugus, MA	100	
Sep 28, 2014 18	Penahy, Joan 8R Smith Road Jaugus, Ma	20	
Nov 22, 2015 18	Denahy, Joan 8R Smith Road Jaugus, Ma	40	
Sep 28, 2014 19	DiNardo, Albert 99 Essx Street augus, Ma	250	Landscaper, DiNardo Landscaping
ine 9: Total Receipts	s over \$50 (or listed above)		
Line 10: Total Receipt	ts \$50 and under* (not listed above)		
Line 11: TOTAL RE	CEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Oct 2, 2014	Jarosz, Janice 5 Wilson Ct. Saugus, MA	50	
Dec 2, 2014	Jarosz, Janice 5 Wilson Ct. Saugus, MA	40	
Oct 2, 2015	Magarine Kathleen 95 Central Street Saugus, MA	50	
Dec 31, 2014	Magarity Kathleen 95 Central Street Saugus, MA	40	
Oct 3, 2014	Manoogian, Myron 23 Hillside Avenue Saugus, MA	49	
Dec 1, 2014	Manoogian, Myron 23 Hillside Avenue Saugus, MA	45	
Sep 28, 2014	Mitchell, Mark 3 Lisa Land Saugus, Ma	20	
Dec 1, 2014	Mitchell, Mark 3 Lisa Land Saugus, Ma	100	
Dec 15, 2014	Mitchell, Mark 3 Lisa Land Saugus, Ma	40	
Dec 14, 2014	Ricciardelli, Michael 8 Saugus Ave Saugus, MA	200	Policeman, Town of Saugus
Nov 16, 2014	Ryan, Julie 69 Winter Street Saugus, MA	50	
Dec 2, 2014	Ryan, Julie 69 Winter Street Saugus, MA	60	
Nov 19, 2014	Scire, Paul 10 Benson Avenue Saugus, MA	100	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	Line 10 shoul	Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Please include your committee name and a pa		
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Oct 14, 2014	Joyce Toto 5 Charnwood Road Saugus, MA	30	
Nov 17, 2014	Joyce Toto 5 Charnwood Road Saugus, MA	25	
Dec 14, 2014	Joyce Toto 5 Charnwood Road Saugus, MA	40	
Line 9: Total Rece	ipts over \$50 (or listed above)	1,999	
Line 10: Total Rece	cipts \$50 and under* (not listed above)	2,391.99	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	4,390.99	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expen		nittee name and a page number or	n each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Oct 10, 2014	Connolly Pringting	17 Gill St, Woburn, MA 01801	Signs	738.97
Oct 22, 2014	Connolly Pringtin	17 Gill St, Woburn, MA 01801	Signs	405.34
Dec 14, 2014	Out of Asia	1268 Broadway Saugus, MA 01906	Dinner Event	805
Oct 16, 2014	Staples	444 Broadway, Saugus, MA 01906	Copy Supplies / Paper	64.78
Nov 3, 2014	Staples	444 Broadway, Saugus, MA 01906	Poster Materials	55.26
Oct 10, 2014	Verizon	PO BOX 15124 Albany, NY 12212	Temporary Phone Line	99.77
Dec 10, 2014	Verizon	PO BOX 15124 Albany, NY 12212	Temporary PhoneLine	15.95
		Line 12: Total Expenditures ov	er \$50 (or listed above)	2,185.07
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	17.21
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2,202.28

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	
		Lina 12. Exmanditura OFA and	under* (not listed above)	
		Line 13: Expenditures \$50 and	under (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
	0.078		hould include only those expenditure	s not itemized

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Nov 2, 2014	Jeff Cicolin C. P.A. PARTNER	27 Beachview Ave Sauguis, MA	Clipboards	253
	Alexander, Monson, FINAINO 160 Federal St. 23th Floor Baston, MA 02110			C1864011 (000-00-00-00-00-00-00-00-00-00-00-00-00
		Line 15: In-Kind Contributions	over \$50 (or listed above)	253
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	253

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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And the second s				
		Line 18: TOTAL OUTSTAND		0